



City of Rockville
Department of Recreation and Parks
240-314-8620

**Authorization For the Use of Inhalers
Release and Indemnification Agreement**

PART I - To be Completed By Parent or Guardian

I hereby authorize the City of Rockville Department of Recreation and Parks personnel to permit the child listed below to carry an inhaler on his/her person and be allowed to use it as soon as an asthmatic attack begins. I agree to release, indemnify, and hold harmless, City of Rockville personnel from lawsuit, claims, expense, demand, or action against them for assisting the child with the inhaler, provided City of Rockville personnel are following physician order as written below. I have read the procedures outlined on the back of this form.

Child's Name _____
DOB _____ Age _____ Sex _____ M _____ F _____

First time use will be at home to assure child does not have negative reactions:

Date of first dose _____

Parent/Guardian Signature

Date

PART II: To be Completed by the Physician

Diagnosis _____

Medication (tradename) _____ Date of Order _____

Duration of Order _____ Interval of repeating dosage _____

Dosage at Recreation Program _____ Time(s) _____

Symptoms of Condition _____

Other medications child is taking _____

I acknowledge this child has received information on how and when to use the inhaler and that he/she can use it properly in an emergency.

Physician's Name (Print)

Phone

Physician's Signature

Date

The Authorization is complete. the original will be placed in child's file and shall be kept on file for three years. A copy will be placed with the Medication Log. The parent or guardian will receive a copy upon request.

Signature of City of Rockville Staff

Program Site and Date